DEPARTMENT OF PUBLIC WORKS BUREAU OF PARKS AND RECREATION WATERBURY, CONNECTICUT

FACILITY AND EQUIPMENT APPLICATION

DATE:		
GROUP/ORGANIZ	ZATION:	
FACILITY		PHONE:
DATE(S):		TIME(S):
TYPE OF EVENT:		
******	*******	*********************
EQUIPMENT NE	EDED:	
TRASH BARRELS	5 (#)	PORTABLE STAGE W/SOUND SYSTEM: YES NO
PORTABLE SOUN	ND SYSTEM: YE	S NO
******	******	*************
ADDITIONAL NE	EDS FOR SPECL	AL REQUIREMENTS:
********	*******	*****************
REQUESTED BY:	NAME:	
	ADDRESS:	
	PHONE: (H)_	(W)
OFFE 14.11. OFF		
SITE MANAGER:		
	ADDRESS: _	
	PHONE: (H)	(W)_

******	*****	*******	**********	******	********	
(TO BE FILLED O	UT BY PAR	K OFFICE)				
. INSURANCE: YES NO AMOUNT OF COV				ERAGE:		
2. POLICE PROTE	CTIONS Y	ES NO	POLICE PERMIT:	YES	NO	
3. OTHER PERMIT	S (specify):	===				
PARKS REQUES IF ANY ADDITIO APPROPRIATELY	NAL EQUII		ED AS IS QUESTED YOU WILL B	E CHAR	RGED	
*******	*****	*****	********	*****	*****	
COMMENTS:						
<u>e – </u>						
******	*****	******	*********	*****	*****	

APPROVED: _____ DATE: ____